

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Savary for Congress 2014

ADDRESS (number and street)
▼

P.O. Box 5607

Check if different
than previously
reported. (ACC)

Balboa Island

CA

92662

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00558643

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

48

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

15

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gary Crummitt

Signature of Treasurer

Gary Crummitt

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Savary for Congress 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	21325.00	45570.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21325.00	45570.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28670.38	47350.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	28670.38	47350.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18369.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	23290.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 23

Write or Type Committee Name

Savary for Congress 2014

Report Covering the Period:

From:

M M / D D / Y Y Y Y
05 / 15 / 2014

To:

M M / D D / Y Y Y Y
06 / 30 / 2014

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

17600.00

30040.00

(ii) Unitemized.....

2735.00

8940.00

(iii) TOTAL of contributions from individuals ▶

20335.00

38980.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

990.00

6590.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

21325.00

45570.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

20200.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

20200.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

21325.00

65770.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28670.38	47350.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28670.38	47350.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25714.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21325.00
25. SUBTOTAL (add Line 23 and Line 24).....	47039.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28670.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18369.45

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Donna L. Bahney

Mailing Address 3000 Ocean Blvd.

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : INCA105

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Peter J Balsells

Mailing Address 6 Canyon Ter

City

Newport Coast

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : INCA127

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Frank Barbaro

Mailing Address 200 N. Main Street 2nd Floor

City

Santa Ana

State

CA

Zip Code

92701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frank Barbaro & Associates

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : INCA164

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Frank Barbaro

Mailing Address 200 N. Main Street 2nd Floor

City

Santa Ana

State

CA

Zip Code

92701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frank Barbaro & Associates

Occupation

Attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : INCA126

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Michael Childers

Mailing Address 201 W 116th Street

City

Kansas City

State

MO

Zip Code

64114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lufthansa

Occupation

Consultant

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : INCA171

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Michael Childers

Mailing Address 201 W 116th Street

City

Kansas City

State

MO

Zip Code

64114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lufthansa

Occupation

Consultant

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : INCA186

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Raymond Clawson

A.

Mailing Address 2 Fox Meadow Circle

City

Savannah

State

GA

Zip Code

31411

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHR Holding

Occupation

Executive

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : NONA226

Amount of Each Receipt this Period

2000.00

Fundraiser

Full Name (Last, First, Middle Initial)

Raymond Clawson

B.

Mailing Address 2 Fox Meadow Circle

City

Savannah

State

GA

Zip Code

31411

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHR Holding

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : INCA191

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Michael D. Coleman

C.

Mailing Address 19591 Seagull Lane.

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael

Occupation

Registered Investment Advisor

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Transaction ID : INCA117

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Brenda Danilowitz

A.

Mailing Address 435 Oakview Drive

City

Orange

State

CT

Zip Code

06477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anni Albers

Occupation

Curator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : INCA163

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Brenda Danilowitz

B.

Mailing Address 435 Oakview Drive

City

Orange

State

CT

Zip Code

06477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anni Albers

Occupation

Curator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : INCA192

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Donna K. Dawson

C.

Mailing Address 6 Canyon Terr.

City

Newport Coast

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Transaction ID : INCA112

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

1200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Helen Dinkins

A.

Mailing Address 2003 Yacht Vigilant

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : INCA108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jane Drew

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : INCA222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Pamela Gilmour

C.

Mailing Address 2 Singletree Drive

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pamela Gilmour

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : INCA172

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 23
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial) Patricia Goss		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 15 Marsh Road		Transaction ID : INCA189	
City Tiburon	State CA	Zip Code 94920	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1050.00		
B. Full Name (Last, First, Middle Initial) Janet Hadley		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 96 Archipelago		Transaction ID : INCA190	
City Newport Coast	State CA	Zip Code 92657	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Hadley Webber	Occupation Philanthropist		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		
C. Full Name (Last, First, Middle Initial) Daniel Jacobson		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO Box 1015		Transaction ID : INCA124	
City Tustin	State CA	Zip Code 92781	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 1300.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Donald G Joyce

Mailing Address 5 Graham Place

City

Rockaway Point

State

NY

Zip Code

11697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : INCA103

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Lawrence A. Klein

Mailing Address 2714 Lowell Lane

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lawrence Klein

Occupation

Physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : INCA114

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Patricia Nichols

Mailing Address 23705 Birtcher Drive

City

Lake Forest

State

CA

Zip Code

92630

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : INCA184

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Nancy Riley Kriz

A.

Mailing Address 128 Via Ithaca

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : INCA107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Brian Ross

B.

Mailing Address 61 Irving Place Apt 5A

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIX Flyer

Occupation

Software Executive

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : INCA185

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Scott Savary

C.

Mailing Address 1320 Columbia St., #200

City

San Diego

State

CA

Zip Code

92101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Savary, Esq.

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : INCA176

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Scott Savary

Mailing Address 1320 Columbia St., #200

City

San Diego

State

CA

Zip Code

92101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Savary, Esq.

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
05 27 2014

Transaction ID : INCA99

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Walter Sebring

Mailing Address 219 Orchid Avenue

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veritiv Corporation

Occupation

Sales

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2014

Transaction ID : INCA205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

17600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

Newport Beach Women's Democratic Club

Mailing Address 118 Marine Avenue

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C** C00450957

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

990.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : INCA100

Amount of Each Receipt this Period

990.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

990.00

990.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

A. Raymond Clawson

Mailing Address 2 Fox Meadow Circle

City	State	Zip Code
Savannah	GA	31411

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : NONB226

B. Democracy Engine

Mailing Address 448 S. Hill St., #200

City	State	Zip Code
Los Angeles	CA	90013

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

15.79

Transaction ID : EXPB216

c. Democracy Engine

Mailing Address 448 S. Hill St., #200

City	State	Zip Code
Los Angeles	CA	90013

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

42.43

Transaction ID : EXPB217

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2058.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Savary for Congress 2014

Full Name (Last, First, Middle Initial)

A. Democracy Engine

Mailing Address 448 S. Hill St., #200

City	State	Zip Code
Los Angeles	CA	90013

Purpose of Disbursement
Credit card processing fee

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

26403.48

Transaction ID : EXPB221

B. Tommy Martinez

Mailing Address P.O. Box 3994

City	State	Zip Code
Tustin	CA	92781

Purpose of Disbursement
Mailer

006

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

22180.00

Transaction ID : EXPB90

c. Suzanne M. Savary

Mailing Address 118 Marine Ave.

City	State	Zip Code
Newport Beach	CA	92662

Purpose of Disbursement
Expense Reimbursement

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

4129.53

Transaction ID : EXPB118

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26403.48

28660.63

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC45

Savary for Congress 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

Suzanne M. Savary

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
118 Marine Ave.

City

State

ZIP Code

Newport Beach

CA

92662

Original Amount of Loan

8286.96

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8286.96

TERMS

Date Incurred

M 03 / D 31 / Y 2014 Y

Date Due

M M / D D / Y 12/31/2016 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8286.96

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC45

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC55

Savary for Congress 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

Suzanne M. Savary

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

118 Marine Ave.

City

State

ZIP Code

Newport Beach

CA

92662

Original Amount of Loan

11713.04

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11713.04

TERMS

Date Incurred

M M / D D / Y Y
03 / 31 / 2014

Date Due

M M / D D / Y Y
12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

11713.04

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC55

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC85

Savary for Congress 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

Suzanne M. Savary

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
118 Marine Ave.

City

State

ZIP Code

Newport Beach

CA

92662

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 14 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

TOTALS This Period (last page in this line only)..... ►

20200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 23

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Savary for Congress 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Crummitt & Associates

Nature of Debt (Purpose):

Treasurer Services

Mailing Address 525 E. Seaside Way, #101-C

City State

Zip Code

Long Beach

CA

90802

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD120

Amount Incurred This Period

3090.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3090.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

3090.00

2) **TOTALS** This Period (last page this line number only)

3090.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

20200.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

23290.00